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TRANSMITTAL FORM	Application Number	09/777,767
	Filing Date	02/06/2001
	First Named Inventor	CALLAWAY, EDGAR HERBERT JR.
	Group Art Unit	2686
	Examiner Name	IQBAL, KHAWAR
Total Number of Pages in this Submission	Attorney Docket Number	PT03341U

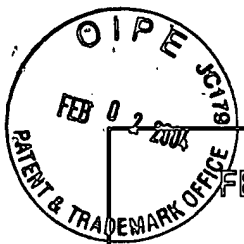
ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	Declaration of Prior Invention
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		Statement Establishing Diligence
		Exhibits A, B, and C

RECEIVED

FEB 10 2004

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	RANDI L. KARPINIA	Registration No.	46, 148
Signature	<i>Randi L. Karpinia</i>		
Date	1/27/04		
CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class or express mail in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark office on:			
Name (Print/Type)	Betsy E. Irizarry		
Signature	<i>Betsy E. Irizarry</i>		
Express Mail Label No.	Date	1/27/04	

**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT **(\$ 298.00)****Complete if Known**

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RECEIVED**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment☒ Charge any additional fee(s) during the pendency of this application, except for issue fee☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
101	770	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid
27	-20*	7	x	18	=	126
Independent						
6	-4*	2	x	86	=	172
Multiple Dependent						
				280		

Large Entity		Small Entity		Fee Description
Fee Code	Fee \$	Fee Code	Fee \$	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				
(\$ 298)				

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued) FEB 10 2004**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late Provisional filing	
139	130	139	130	Non-English specification	
147	2520	147	2520	For filing a request for ex parte Reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1440	218	720	Extension for reply within fourth month	
128	1960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1510	138	1510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1280	241	640	Petition to revive - unintentional	
142	1280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	123	50	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of IDS	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Pd

SUBTOTAL (3) \$

SUBMITTED BY

Name (Print) RANDI L. KARPINIA

Signature

*Randi L. Karpinia***Complete (if applicable)**

Registration No. (Attorney/Agent) 46, 148

Telephone: (954) 723-6449

Date 1/27/04